FLORIDA YOUTH SURVIVIO

2013 Florida Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

DIRECTIONS

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this:



Incorrect Marks



• If you change your answer, erase your old answer completely.

The first questions ask for some information about yourself.

1. How old are you?

- a. 12 years old or younger
- (b) 13 years old
- © 14 years old
- d. 15 years old
- 16 years old
- (f) 17 years old
- 18 years old or older

2. What is your sex?

- Female
- (b.) Male

3. In what grade are you?

- a 9th grade
- 6 10th grade
- 11th grade
- d 12th grade
- Ungraded or other grade

4. Are you Hispanic or Latino?

- (a) Yes
- (b.) No

5. What is your race? (SELECT ONE OR MORE RESPONSES.)

- a. American Indian or Alaska Native
- (b.) Asian
- © Black or African American
- d Native Hawaiian or Other Pacific Islander
- White

6. How tall are you without your shoes on?

Directions: Write your height in the blank boxes. Fill in the matching circle below each number.

HEI	GHT
ı	П
0 1 2 3 4 5 6 7	0 1 2 3 4 5 6 7 8 9 10 11

7. How much do you weigh without your shoes on?

Directions: Write your weight in the blank boxes. Fill in the matching circle below each number.

WE	ΞIG	нт	
			poun
0	0	0	
1 2	1	1	
(3)	(3)	(3)	
	4	4	
	5	5	
	(6) (7)	(6) (7)	
	8	8	
	9	9	

8. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- (b) Mostly B's
- Mostly C's
- d. Mostly D's
- Mostly F's
- None of these grades
- Not Sure

The next 5 questions ask about safety.

- 9. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
 - (a) I did not ride a bicycle during the past 12 months
 - 6. Never wore a helmet
 - © Rarely wore a helmet
 - d. Sometimes wore a helmet
 - Most of the time wore a helmet
 - Always wore a helmet
- 10. How often do you wear a seat belt when <u>riding</u> in a car driven by someone else?
 - (a) Never
 - (b.) Rarely
 - © Sometimes
 - Most of the time
 - Always
- 11. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
 - a 0 times
 - 6. 1 time
 - © 2 or 3 times
 - d. 4 or 5 times
 - 6 or more times
- 12. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 - I did not drive a car or other vehicle during the past 30 days
 - 6. 0 times
 - © 1 time
 - d 2 or 3 times
 - 4 or 5 times
 - 6 or more times
- 13. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?
 - I did not drive a car or other vehicle during the past 30 days
 - 6 0 days
 - 6 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - (f) 10 to 19 days
 - 20 to 29 days
 - h All 30 days

The next 11 questions ask about violence-related behaviors.

- 14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
 - a. 0 days
 - 6. 1 day
 - © 2 or 3 days
 - 4 or 5 days
 - 6 or more days
- 15. During the past 30 days, on how many days did you <u>not</u> go to school because you felt you would be unsafe at school or on your way to or from school?
 - a 0 days
 - 6. 1 day
 - © 2 or 3 days
 - d. 4 or 5 days
 - 6 or more days
- 16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
 - 0 times
 - (b) 1 time
 - © 2 or 3 times
 - d 4 or 5 times
 - 6 or 7 times
 - 6 8 or 9 times
 - 10 or 11 times
 - (h) 12 or more times
- 17. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?
 - a 0 times
 - b. 1 time
 - © 2 or 3 times
 - d. 4 or 5 times
 - 6 or 7 times
 - 6 8 or 9 times
 - (g.) 10 or 11 times
 - h 12 or more times
- 18. During the past 12 months, how many times were you in a physical fight?
 - a 0 times
 - b. 1 time
 - © 2 or 3 times
 - d 4 or 5 times
 - 6 or 7 times
 - 6 8 or 9 times9 10 or 11 times
 - (h) 12 or more times

19.	During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?	24.	During the past 12 months, how many times did someone you were dating or going out with threaten you, limit your activities against your will, or make you feel unsafe in any other way?
	a 0 times b 1 time c 2 or 3 times d 4 or 5 times e 6 or more times		 a. I did not date or go out with anyone during the past 12 months b. 0 times c. 1 time d. 2 or 3 times
20.	During the past 12 months, how many times were you in a physical fight on school property?		6. 4 or 5 timesf. 6 or more times
	 a 0 times b 1 time c 2 or 3 times d 4 or 5 times 		ne next 2 questions ask about hurting urself on purpose.
	6 6 or 7 times 1 8 or 9 times 3 10 or 11 times 1 12 or more times	25.	During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
21.	Have you ever been physically forced to have sexual intercourse when you did not want to?		(a. 0 times (b. 1 time
22.	a Yes b No During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.) a I did not date or go out with anyone during the	2 or 3 times 4 or 5 times 6 or more times 26. Have you ever been choked by someone or tried to choke yourself on purpose, such as with a belt, towel, or rope, for the feeling or experience it caused? (This is also called the Choking Game Knock Out, Space Monkey, Flatlining, or the	
	past 12 months b 0 times c 1 time d 2 or 3 times e 4 or 5 times f 6 or more times	Th	Fainting Game.) a Yes b No ne next 4 questions ask about bullying.
23.		Bu thi or It i	illying is when 1 or more students tease, reaten, spread rumors about, hit, shove, hurt another student over and over again. is not bullying when 2 students of about a same strength or power argue or fight or use each other in a friendly way.
			During the past 12 months, have you ever been bullied on school property? a. Yes b. No During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
			a Yes b No

- 29. During the past 12 months, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?
 - a. Yes
- b. No
- 30. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
 - a. Yes
- b. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

- 31. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
 - (a.) Yes
- (b.) No
- 32. During the past 12 months, did you ever seriously consider attempting suicide?
 - a. Yes
- b. No
- 33. During the past 12 months, did you make a plan about how you would attempt suicide?
 - (a.) Yes
- (b.) No
- 34. During the past 12 months, how many times did you actually attempt suicide?
 - 0 times
 - (b.) 1 time
 - © 2 or 3 times
 - d 4 or 5 times
 - 6 or more times
- 35. <u>If you attempted suicide</u> during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
 - I did not attempt suicide during the past 12 months
 - b. Yes
 - © No

The next 3 questions ask about tobacco use.

- 36. How old were you when you smoked a whole cigarette for the first time?
 - a I have never smoked a whole cigarette
 - 6. 8 years old or younger
 - © 9 or 10 years old
 - d 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
- 37. During the past 30 days, on how many days did you smoke cigarettes?
 - a 0 days
 - 6 1 or 2 days
 - © 3 to 5 days
 - d 6 to 9 days
 - 10 to 19 days
 - £ 20 to 29 daysAll 30 days
- 38. During the past 30 days, on how many days did you smoke cigarettes on school property?
 - 0 days
 - (b) 1 or 2 days
 - © 3 to 5 days
 - 6 to 9 days
 - 6 10 to 19 days
 - £ 20 to 29 days
 - All 30 days

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

- 39. How old were you when you had your first drink of alcohol other than a few sips?
 - I have never had a drink of alcohol other than a few sips
 - 6 8 years old or younger
 - © 9 or 10 years old
 - d 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older

40. During the past 30 days, on how many days did 45. During the past 30 days, how many times did you you have at least one drink of alcohol? use marijuana? a 0 days a 0 times 6. 1 or 2 days (b) 1 or 2 times © 3 to 5 days © 3 to 9 times 6 to 9 days d.) 10 to 19 times 10 to 19 days 20 to 39 times (f) 20 to 29 days (f) 40 or more times All 30 days 41. During the past 30 days, on how many days did 46. During the past 30 days, how many times did you you have 5 or more drinks of alcohol in a row, use marijuana on school property? that is, within a couple of hours? a. 0 times a 0 days (b) 1 or 2 times (b.) 1 day © 3 to 9 times © 2 days d. 10 to 19 times 3 to 5 days 20 to 39 times 6 to 9 days (f) 40 or more times (f) 10 to 19 days 9 20 or more days 42. During the past 30 days, on how many days did The next 4 questions ask about other drugs. you have at least one drink of alcohol on school property? During your life, how many times have you used a 0 days any form of cocaine, including powder, crack, or 6. 1 or 2 days freebase? © 3 to 5 days 6 to 9 days (a.) 0 times b. 1 or 2 times 10 to 19 days 3 to 9 times (f) 20 to 29 days d.) 10 to 19 times All 30 days 20 to 39 times (f.) 40 or more times The next 4 questions ask about marijuana 48. During your life, how many times have you use. Marijuana also is called grass or pot. taken steroid pills or shots without a doctor's prescription? 43. During your life, how many times have you used a 0 times marijuana? (b.) 1 or 2 times a 0 times © 3 to 9 times (b.) 1 or 2 times d. 10 to 19 times © 3 to 9 times 20 to 39 times d. 10 to 19 times 6 40 or more times 20 to 39 times 49. During your life, how many times have you taken (f) 40 to 99 times a prescription drug (such as OxyContin, Percocet, (g.) 100 or more Vicodin, codeine, Adderall, Ritalin, or Xanax) 44. How old were you when you tried marijuana for without a doctor's prescription? the first time? a 0 times I have never tried marijuana (b) 1 or 2 times **b** 8 years old or younger © 3 to 9 times © 9 or 10 years old d. 10 to 19 times d 11 or 12 years old 20 to 39 times 13 or 14 years old 6 40 or more times 15 or 16 years old 50. During the past 12 months, has anyone offered, (9) 17 years old or older sold, or given you an illegal drug on school property? b. No (a.) Yes

The next 11 questions ask about sexual behavior.

51.	Have you ever had sexual intercourse?	
	a Yes b No	
52.	How old were you when you had sexual intercourse for the first time?	
	 a I have never had sexual intercourse b 11 years old or younger c 12 years old d 13 years old e 14 years old f 15 years old g 16 years old h 17 years old or older 	
53.	During your life, with how many people have you had sexual intercourse?	
	 a I have never had sexual intercourse b 1 person c 2 people d 3 people e 4 people f 5 people g 6 or more people 	
54.	During the past 3 months, with how many people did you have sexual intercourse?	
	 a I have never had sexual intercourse b I have had sexual intercourse, but not during the past 3 months c 1 person d 2 people s 3 people 4 people 5 people 6 or more people 	
55.	Did you drink alcohol or use drugs before you had sexual intercourse the <u>last time</u> ?	
	a I have never had sexual intercourseb Yesc No	
56.	The <u>last time</u> you had sexual intercourse, did you or your partner use a condom?	
	a I have never had sexual intercourseb Yesc No	

- a. I have never had sexual intercourse
- (b) No method was used to prevent pregnancy
- © Birth control pills
- d. Condoms
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- Withdrawal or some other method
- h Not sure

58. How many times have you been pregnant or gotten someone pregnant?

- a 0 times
- (b.) 1 time
- © 2 or more times
- d. Not sure
- 59. Have you ever had oral sex?

.)	Yes	(b.)	Ŋ

60. During your life, with whom have you had sexual contact?

- a have never had sexual contact
- (b) Females
- © Males
- Females and males

61. Which of the following best describes you?

- a Heterosexual (straight)
- **b** Gay or lesbian
- © Bisexual
- Mot sure

The next 7 questions ask about body weight.

- 62. How do you describe your weight?
 - a Very underweight
 - Slightly underweight
 - About the right weight
 - d. Slightly overweight
 - Very overweight
- 63. Which of the following are you trying to do about your weight?
 - a Lose weight
 - (b.) Gain weight
 - © Stay the same weight
 - d I am not trying to do anything about my weight
- 64. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
 - a. Yes
- (b.) No
- 65. During the past 30 days, did you <u>eat less food</u>, <u>fewer calories</u>, <u>or foods low in fat</u> to lose weight or to keep from gaining weight?
 - (a.) Yes
- (b.) No
- 66. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
 - a. Yes
- b.) No
- 67. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not count meal replacement products such as Slim Fast.)
 - (a.) Yes
- (b.) No
- 68. During the past 30 days, did you <u>vomit or take</u> <u>laxatives</u> to lose weight or to keep from gaining weight?
 - a. Yes
- 6. No

The next 12 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

- 69. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
 - (a) I did not drink 100% fruit juice during the past 7 days
 - (b) 1 to 3 times during the past 7 days
 - © 4 to 6 times during the past 7 days
 - d. 1 time per day
 - 2 times per day
 - 6 3 times per day
 - 4 or more times per day
- 70. During the past 7 days, how many times did you eat <u>fruit?</u> (Do <u>not</u> count fruit juice.)
 - a I did not eat fruit during the past 7 days
 - (b) 1 to 3 times during the past 7 days
 - © 4 to 6 times during the past 7 days
 - d 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
- 71. During the past 7 days, how many times did you eat green salad?
 - a I did not eat green salad during the past 7 days
 - b 1 to 3 times during the past 7 days
 - 6 4 to 6 times during the past 7 days
 - d. 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
- 72. During the past 7 days, how many times did you eat <u>potatoes</u>? (Do <u>not</u> count french fries, fried potatoes, or potato chips.)
 - a I did not eat potatoes during the past 7 days
 - b. 1 to 3 times during the past 7 days
 - 6 4 to 6 times during the past 7 days
 - d 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

- 73. During the past 7 days, how many times did you eat <u>carrots</u>?
 - a I did not eat carrots during the past 7 days
 - b. 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - d 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
- 74. During the past 7 days, how many times did you eat <u>other vegetables</u>? (Do <u>not</u> count green salad, potatoes, or carrots.)
 - a I did not eat other vegetables during the past 7 days
 - b. 1 to 3 times during the past 7 days
 - © 4 to 6 times during the past 7 days
 - d. 1 time per day
 - 2 times per day
 - 3 times per day
 - g. 4 or more times per day
- 75. During the past 7 days, how many times did you drink a <u>can, bottle, or glass of soda or pop</u>, such as Coke, Pepsi, or Sprite? (Do <u>not</u> count diet soda or diet pop.)
 - a I did not drink soda or pop during the past 7 days
 - 6. 1 to 3 times during the past 7 days.
 - 6 4 to 6 times during the past 7 days
 - d. 1 time per day
 - ② 2 times per day
 - 6 3 times per day
 - 4 or more times per day
- 76. During the past 7 days, how many times did you drink a can, bottle, or glass of a sports drink, such as Gatorade or PowerAde? (Do not count low-calorie sports drinks such as Propel or G2.)
 - I did not drink sports drinks during the past 7 days
 - 1 to 3 times during the past 7 days
 - © 4 to 6 times during the past 7 days
 - d 1 time per day
 - 2 times per day
 - 6 3 times per day
 - 4 or more times per day
- 77. During the past 7 days, how many glasses of milk did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
 - I did not drink milk during the past 7 days
 - b 1 to 3 times during the past 7 days
 - © 4 to 6 times during the past 7 days
 - d 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

- 78. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?
 - a. 0 days
 - 6. 1 day
 - © 2 days
 - 3 days
 - 4 days
 - f 5 days
 - 6 days
 - h 7 days
- 79. During the past 7 days, on how many days did you eat <u>breakfast?</u>
 - a 0 days
 - 6. 1 day
 - 2 days
 - d 3 days
 - 4 days
 - f. 5 daysg. 6 days
 - h 7 days
- 80. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or guardians?
 - a. 0 days
 - (b.) 1 day
 - 2 days
 - d 3 days
 - 4 days
 - 5 days
 - 6 days
 - h 7 days

The next 7 questions ask about physical activity.

- 81. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
 - a 0 days
 - 6. 1 day
 - © 2 days
 - d 3 days
 - 4 days
 - f. 5 days
 - 6 days
 - h 7 days
- 82. On how many of the past 7 days did you do exercises to <u>strengthen or tone your muscles</u>, such as push-ups, sit-ups, or weight lifting?
 - a. 0 days
 - (b.) 1 day
 - © 2 days
 - d 3 days
 - 4 days
 - 5 days
 - 6 days7 days
- 83. On an average school day, how many hours do you watch TV?
 - a I do not watch TV on an average school day
 - b Less than 1 hour per day
 - 6 1 hour per day
 - d 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - ⑤ 5 or more hours per day
- 84. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
 - I do not play video or computer games or use a computer for something that is not school work
 - Less than 1 hour per day
 - 6 1 hour per day
 - d 2 hours per day
 - 3 hours per day
 - (f) 4 hours per day
 - ⑤ 5 or more hours per day

- 85. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
 - a 0 days
 - **b.** 1 day
 - © 2 days
 - 3 days
 - 4 days5 days
- 86. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
 - a I do not take PE
 - 6. Less than 10 minutes
 - © 10 to 20 minutes
 - d 21 to 30 minutes
 - (e) 31 to 40 minutes
 - (f) 41 to 50 minutes
 - 51 to 60 minutes
 - h More than 60 minutes
- 87. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
 - a 0 teams
 - 6. \1\team
 - © 2 teams
 - 3 or more teams

The next 12 questions ask about other health-related topics.	95. Do you still have asthma? (a) I have never had asthma
88. Have you ever been taught about AIDS or HIV infection in school? a Yes b No	 6) Yes 6) No d) Not Sure 96. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
 Not Sure 89. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family? a Yes No Not Sure 	a. Never b. Rarely c. Sometimes d. Most of the time e. Always
90. How important is it for schools to help students address the problems of today such as drug abuse, violence, AIDS/HIV, teen pregnancy, abus and suicide? a Very important b Important Somewhat important Not important	 a 0 times b 1 or 2 times c 3 to 9 times d 10 to 19 times e 20 to 39 times
91. During the past 12 months, did you talk to a teacher or other adult in your school about a personal problem you had? (a) Yes (b) No	98. On an average school night, how many hours of sleep do you get? a 4 or less hours
92. If you or one of your friends were being physical or sexually abused, do you know who you should report it to? a Yes b No No Not Sure	d 7 hours e 8 hours f 9 hours f 10 or more hours
 93. During your last check-up, did your doctor or nurse discuss ways to prevent pregnancy, AIDS, or other sexually transmitted diseases (STDs)? a I have never had a check-up b Yes No d Not Sure 	 6 1 to 3 years 6 4 to 6 years d More than 6 years but not my whole life e I have always lived in the United States
 94. Has a doctor or nurse ever told you that you hav asthma? a Yes No Not Sure 	This is the end of the survey. Thank you very much for your help.

2013 Florida YRBS